

BASKETBALL & KICKBALL

☐ BASKETBALL LEAGUE

LEAGUE INFORMATION

PLEASE CHECK APPROPRIATE BOX. Divisions determined by player's age on or before **MARCH 31, 2013**.
Season begins in early January.

AGE DIVISIONS AND COURSE NUMBERS

- ☐ **Co-ED 5-6**=COURSE 14360 ☐ **Boys 11-12** =COURSE 14365
☐ **Co-ED 7-8** =COURSE 14361 ☐ **Girls 12-15** =COURSE 14364
☐ **Girls 9-11** =COURSE 14362 ☐ **Boys 13-15** =COURSE 14367
☐ **Boys 9-10** =COURSE 14363



Volunteer Coaches Needed!

☐ KICKBALL LEAGUE

LEAGUE INFORMATION

Divisions determined by player's age on or before **MARCH 31, 2013**. This program offers 4-6 year olds the opportunity to learn fundamental skills of kicking, throwing and catching. This program is an introduction to team sports in an atmosphere where participation and fun are top priority. **Season begins in early January.**

DIVISIONS

- ☐ **4-6 YEAR OLDS**

COURSE NUMBER

COURSE 14444



Volunteer Coaches Needed!

All participants will receive a team shirt/or jersey, 8-league games and an award at the end of the season.

REGISTRATION INFORMATION

Registration Dates:

November 13-December 1

Office Hours:

Mon. - Thurs. 7am - 6pm

For more information contact Community & Recreation Services @ 623.222.2000

SPECIAL SATURDAY REGISTRATION

Saturday, December 1

8am – 11am

Community and Recreation Services
15960 N. Bullard Ave

REGISTRATION FEES:

\$50-Surprise Resident
\$60-Late Surprise Resident
\$70-Non-Resident

SUBMIT REGISTRATIONS TO:

City of Surprise
Community and Recreation Services
15960 N. Bullard Ave
Surprise, AZ 85374

First time registrants must bring in birth certificate and proof of residency.

REGISTRATION AVAILABLE ON-LINE

AT: www.surpriseaz.gov/recreation

PARTICIPANT'S Last Name: _____ **First Name:** _____

PARENT/GUARDIAN Last Name: _____ **First Name:** _____

Address: _____ **City/State/Zip:** _____

School: _____ **Participant's Birth Date:** ____ / ____ / ____ **Participant's Gender:** _____
(attending or closest public school for team placement) MONTH DAY YEAR MALE FEMALE

Phone Number (home): (____) _____ **(work/cell):** (____) _____ **E-Mail Address:** _____

T-shirt /Jersey Size: (please circle one) **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **AXXL**

☐ I understand these programs are non-refundable. **MEDIA & PHOTOGRAPHY RELEASE:** The City of Surprise is permissible (unless indicated otherwise by the participant) to take pictures for use by television, film, radio, or print media to further the aims of the CRS Department's programs in related campaigns and magazine articles, booklets, posters and in other ways they may see fit. **Parent/Guardian Signature:** _____

The City of Surprise, the directors, supervisors, instructors of the City of Surprise and its officials are hereby released and discharged from any suit of injury, illness or damage to personal property during the course of this program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses of damages, including reasonable attorney fees, which may be incurred in the event of any such claims asserted against them or any of them.

Parent/Guardian Signature _____ **Date:** _____

____ **YES,** _____ I want to be considered for a **HEAD COACH** position. "I am aware that I must complete a coach's application and be fingerprinted."
First Name

____ **YES,** _____ I want to be considered for an **ASSISTANT COACH** position. "I am aware that I must complete a coach's application and be fingerprinted."
First Name

STAFF USE ONLY

Cash Amount _____ **Check#/Amt** _____ **VC/MC** _____ **Date** _____ **Staff Initials** _____ **League Age** _____